

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90020 002 ***150.00

DOCUMENT # K67754

1. Corporation Name

AMERICAN REALTY PROFESSIONALS, INC.



Principal Place of Business

HCR 1 BOX 121E
HAMPTON FL 32044
US

Mailing Address

P O BOX 338
STARKE FL 32091-338
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1989

4. FEI Number

59-2938978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 10639 US Hwy 301 S

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Hampton FL

28

Zip

Country

Zip

Country

24 32044

25

US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNS, WILLIAM G
HCR 1 BOX 121E
HAMPTON FL 32044

81 Name

William G. Johns

82 Street Address (P.O. Box Number is Not Acceptable)

10591 US Hwy 301 S

83

84 City

Hampton

FL

85 Zip Code

32044

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

William G. Johns

4-29-99

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME JOHNS, WILLIAM GLENN
STREET ADDRESS HCR 1 BOX 121 E
CITY-ST-ZIP HAMPTON FL 32044

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME William Glenn Johns
1.3 STREET ADDRESS 10639 US Hwy 301 S
1.4 CITY-ST-ZIP Hampton FL 32044

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Glenn Johns

4/29/99 (352) 468-2585

(Signature and typed or printed name of signing officer or director)

Date Daytime Phone #

CR2E034 (11/98)